

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	TM	013	3/2/01
<b>FORMALITY REVIEW</b>	RM	50864	4/21/01
<b>RESPONSE FORMALITY REVIEW</b>		JF-26-d	

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
55	10-03-01
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Claim	Date
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If more than 150 claims or 10 actions  
stapl additional sheet here

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**Best Available Copy**

JF  
 3/2/01  
 861  
 7/26/01